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**LOUISIANA BOARD OF ETHICS**  
**DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119(2)(b)**

STATE OF LOUISIANA  
PARISH OF Lafayette

I, Kimberly Humphries, residing at P.O. Box 471, Ithaca, Louisiana 71342  
(Name) (Mailing Address, including City & Zip Code)

do declare that :

1.

That this disclosure statement is made pursuant to LSA-R.S. 42:1119(2)(b) for the year beginning  
on January 1<sup>st</sup>, 2003  
(Year)

2.

That I am a Chief Executive / (Board Member) / Commissioner (circle one) of the  
Hospital Service District #2 / Hospital Service District / Public Trust Authority  
070/a Lafayette General Hospital  
(Name)  
and have served in this capacity since April 12, 1991  
(Month) (Day) (Year)

3.

That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses  
of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents,  
his spouse, and the parents of his spouse, is employed by the described Hospital Service District /  
Public Trust Authority. The facts of such employment are as follows:

Name of Immediate Family Member: Kimberly Sharp Humphries  
Relation of Immediate Family Member: Daughter-in-Law  
Position: Registered Nurse  
Date employed (month, day, year): March 31, 1997  
Applicable Exception (check all that apply):

☐ Employed by Hospital Service District / Public Trust Authority for more than  
one year prior to filer becoming the chief executive or a board member or  
commissioner of the Hospital Service District / Public Trust Authority

☐ Serving in public employment continuously since April 1, 1980, the effective  
date of the Code of Governmental Ethics

☒ Hospital Service District / Public Trust Authority has a district population of  
100,000 or less and the family member is employed as a licensed physician  
or registered nurse.

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Kimberly Humphries  
Signature, Chief Executive, (Hospital Board Member or Commissioner)

**NOTE:** These disclosure statements are due by January 30<sup>th</sup> of each year that you have an immediate family  
member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must  
be filed even if you filed one last year or at any other time during the year and the information you disclosed has  
not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any  
immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee  
of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH  
HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER  
OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT  
THESE STATEMENTS ARE TIMELY FILED.